

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16252

Do not use this space.

1. PLACE OF DEATH

(a) County SCHUYLER Registration District No. 805
(b) Township LIBERTY Primary Registration District No. 4484
(c) City LANCASTER (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY M. BURNETT

(a) Residence, No. Lancaster, Mo. St. ☐ (Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.W. Burnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 9, 1844.
7. AGE YEARS 94 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jacksonville, Ill. (STATE OR COUNTRY)

FATHER 13. NAME Edmond Sammons
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT Mrs. Mary Gugg (ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brushy cemetery April 27, 1939

19. FUNERAL DIRECTOR (NAME) Monroes (ADDRESS) Lancaster, Mo.

20. FILED 427 1939, By Byrdie M. Drake 719 (Address) Lancaster, Mo.
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 23d, 1939, to April 26th, 1939
I last saw her alive on April 25th, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy with Hemiplegia

Date of onset Apr. 23d

Other contributory causes of importance:

Senility

Name of operation none Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Eda M. Mufson, M. D.

(Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10.

District File Number 10-39-931

Date Filed 10/19/1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

True & Minnie Morehead

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

True & Minnie Morehead

Licensed Embalmer No. 3731-43680

P. O. Address Lancaster No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.